

DISTRICT OF COLUMBIA

LEAD-BASED PAINT MANAGEMENT PROGRAM

APPLICATION BOOKLET

FOR

CERTIFICATION

OF

INDIVIDUALS AND BUSINESS ENTITIES

TO CONDUCT LEAD-BASED PAINT ACTIVITIES

June 2003

GOVERNMENT OF THE DISTRICT OF COLUMBIA

**Department of Health
Environmental Health Administration**



Lead Poisoning Prevention Division

Bureau of Hazardous Material
and Toxic Substances

June 4, 2003

Dear Certification Applicant:

On January 2, 1998, D.C. Act 11-438 of 1996 became D.C. Law 11-221. All workers performing lead-based paint activities in the District of Columbia must be certified and in compliance with D.C. Law 11-221, which regulates the work practice standards for conducting lead-based paint activities. Please be informed that all disciplines of lead workers and business entities conducting Lead-Based Paint Abatement activities, as defined by the District of Columbia Code § 6-997.1, within the District of Columbia are required to obtain a District of Columbia certification/license (per District of Columbia Code § 6.997.7) and pay the associated fee.

The District of Columbia Lead-Based Paint Management Program provides certification for the following: Inspectors, Risk Assessors, Supervisors, Project Designers, Abatement Workers and Business Entities. Payment in full must be sent along with the application and required supporting materials. Please make separate checks or money orders payable to the D.C. Treasurer for each category for which certification is sought. Application fees are **NON-REFUNDABLE**. Applications should be submitted to:

D.C. Department of Health
Environmental Health Administration
Lead Poisoning Prevention Division
Lead-Based Paint Management Program
51 N Street, N.E., 3rd Floor
Washington, D.C. 20002
Attn: Ms. Denise Newton

Enforcement action will be taken to the fullest extent of the law for businesses and workers who fail to comply with the lead training and certification requirements of the District's Lead-Based Paint Management Program.

A copy of the District's Lead-Based Paint Management Program Application Booklet for Individuals and Business Entities is enclosed for your information and use. Should you have any questions, please do not hesitate to contact this office at (202) 535-2627 between the hours of 8:30 A.M. to 4:30 P.M., Monday through Friday (except holidays) or contact our LEAD HOTLINE on 1-877-338-0364. We look forward to working with you.

Sincerely,

V. Sreenivas, Ph.D.
Deputy Bureau Chief
Bureau of Hazardous Material and Toxic Substances

Enclosure

CA/ca

DISTRICT OF COLUMBIA CERTIFICATION, ACCREDITATION, TESTING, PERMITTING & NOTIFICATION REQUIREMENTS

Rev. 6/24/03

LEAD ABATEMENT TRAINING COURSE HOURS		
		COMMENTS
Inspector (hands-on)	24 hours 8 hours	Certification Fee: \$300 per two years
Risk Assessor (hands-on)	16 hours 4 hours (Inspector + 16)	Certification Fee: \$300 per two years
Supervisor (hands-on)	32 hours 8 hours	Certification Fee: \$300 per two years
Project Designer (hands-on)	8 hours (Supervisor + 8 hours)	Certification Fee: \$300 per two years
Worker (hands-on)	16 hours 8 hours	Certification Fee: \$60 per two years
SCOPE OF ENFORCEMENT		
Target Housing/Child Occupied Facilities	Yes	
Bridges/Structures	Yes	Certified contractor, supervisor and workers are required.
Abatement Project/Commercial (stores/offices)	Yes	Special attention to private schools, churches, museums, recreational facilities, institutional facilities, etc. frequented by children
Federal & District Government Facilities/Public Schools	Yes	A permit fee is assessed. Permit/Notification required. Certification of employees, supervisors & contractor/ business is required.
Permit/Notification	Yes, at least ten (10) business days prior to start of work	Fee: \$40 plus 3% of abatement contract
THIRD PARTY EXAMINATION		
Inspector	Yes	Passing scores of 70 or better are required.
Supervisor	Yes	Passing scores of 70 or better are required.
Risk Assessor	Yes	Passing scores of 70 or better are required.
Project Designer	No	Third party exam is not required.
Worker	No	Third party exam is not required.
PHOTO I.D.'S FOR CERTIFICATION		
Individual Disciplines	Yes	Photos are taken at time of in person application unless permission is granted for nonstandard application.
Business Entity: (Contractor/Consultant)	No	Certification Fee: \$300 per year
INSURANCE LIABILITY		
Risk Assessor	Yes	Required if conducting clearance testing.
Business Entity	Yes	Required at permitting for contractors and at certification for consultants and firms and if performing clearance testing.
EXEMPTIONS		
Homeowner/Owner Occupied	Yes	Individuals who perform lead hazard control activities at residences which they own <u>unless</u> the residence is occupied by a non-owner or non-immediate family member(s) or a child age six or younger resides or frequently visits subject property are exempt. Activities involving owner-contractor agreements with the intent to permanently abate lead are non exempt.
Homeowner with elevated blood lead level child	No	Owner must utilize a certified contractor.
Elderly *	Yes	* Elderly column refers to housing specifically for the elderly-Housing for the elderly or persons with disabilities; unless any child six years old or younger resides, is expected to reside in or regularly visits such housing.
Elderly with elevated blood lead level child	No	A certified contractor must be used.
Zero Bedroom Residential Unit	Yes	A unit such as an efficiency apartment, dormitory, etc., is exempt.
Built after 1978	Yes	
DEFINITION OF LEAD-BASED PAINT & FREQUENTLY ASKED QUESTIONS		
1.0 mg/cm ²	Yes	
Clearance levels for lead in dust are 40 µg/ft ² for floors, 250 µg/ft ² for interior window sills, and 400 µg/ft ² for window troughs.	Yes (Clearance levels)	Soil hazard levels: 400 ppm or greater in play areas or in the rest of the yard (non play areas) when 1,200 ppm or greater.
(Must an applicant seeking reciprocity from another Region III State take a Refresher Course from a D.C. Accredited Training Provider in order to get certified in D.C.)		
Individual Disciplines	Yes	If applicant has not received training from a D.C. accredited provider, then a D.C. refresher will be required.
(Must an applicant certified from another Region III State take a 3 rd Party Exam from a District of Columbia Exam Provider as part of getting certified in D.C.)		
Individual Disciplines (inspector, supervisor, & risk assessor)	Yes	The two part: discipline exam and the D.C. specific exam are required. If it is determined that an applicant's initial exam is equivalent to D.C.'s core exam, then only the D.C. specific exam would be required.

APPLICATION INSTRUCTIONS FOR LEAD CERTIFICATION

PLEASE READ THE INSTRUCTIONS, STATUTE, REGULATIONS AND APPLICATION CAREFULLY BEFORE COMPLETING THE APPLICATION FORMS

APPLICATION STATUS

1. Identify application status and include certification and expiration date where appropriate

CERTIFICATION REQUESTED

2. Indicate desired certification

PERSONAL INFORMATION

3. Print or Type last name, first name and middle initial
4. Print or Type your street number and street name
5. Print or Type the city, state, zip code and home number
6. Complete your date of birth, sex, height and social security number

EMPLOYMENT INFORMATION

7. Print or Type your present employer's name (the company you work for)
8. Print or Type employer's city, state, zip code, business and fax number
9. Print or Type immediate supervisor's name, phone number, your position and a description of duties.

TRAINING INFORMATION

10. Print or type training provider's name
11. Print or Type D.C. Accreditation Number
12. Print or Type Course Name
13. Print or Type Course Date
14. Print or Type Course Location
15. Print or Type your training card/certificate number issued by the Training Provider
16. Print or Type the training card expiration date of your card/certificate

THIRD PARTY EXAM

17. Print or Type the name of the exam
18. Print or Type date of the exam
19. Print or Type exam location
20. Print or Type result

ENFORCEMENT ACTIONS

Please read Enforcement Actions section and provide statement, if applicable

AFFIDAVIT

Please read affidavit, sign application and insert today's date

Contractor's Only: Complete and sign the Lead Contractor Certification Form

Risk Assessors and Project Designers: Complete Certification of Education Form

Risk Assessors must submit proof of current liability insurance, if performing clearance testing.

Please remember applications must be complete. Incomplete applications will be returned to the applicant. Fees are NON-REFUNDABLE. Make check or money order payable to The D.C. Treasurer.

IDENTIFICATION: Positive proof of identification must be presented at time of application.

MAILING INSTRUCTIONS

Be sure to enclose photocopies of the exam results, course(s) completion certificate, valid lead license issued by other state if applying for reciprocity; if unable to appear in person to be photographed, approval must be requested to submit three (3) color passport size photos of yourself taken against a white background with your face being not less than three-quarters of an inch wide. The photographs must be clear front view, full face and without a hat or glasses. Clearly print your name on the back of the photos.

Mail completed package to:

Department of Health
Environmental Health Administration
Lead Poisoning Prevention Division
51 N Street, N.E., 3rd Floor
Washington, D.C. 20002

Attention : Ms. Denise Newton

Permitting & Certification Clerk

All questions should be directed to the Lead-Based Paint Management Program, Henry Howze on (202) 535-2627 or call the Lead Hotline at 1-877-338-0364.

Revised 6/24/03



Government of the District of Columbia
Department of Health – Environmental Health Administration
Bureau of Hazardous Material and Toxic Substances
Lead Poisoning Prevention Division – Lead-Based Paint Management Program
51 N Street, N.E., 3rd Floor, Washington, D.C. 20002
202-535-1934

APPLICATION FOR LEAD CERTIFICATION

FOR OFFICE USE ONLY: Amount Date Received _____ Received \$ _____ Check Number _____ Fee Waived <input type="checkbox"/> Authorized Signature and Date Processed _____	LBPMP Interim Certification # _____ Exp. Date _____ LBPMP Full Certification # _____ Exp. Date _____ LBPMP Renewal Certification # _____ Exp. Date _____ LBPMP Gov't. Empl. Certification # _____ Exp. Date _____ Supervisor's Initial _____
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APPLICATION STATUS (Check only one)

1. NEW/INITIAL APPLICATION ☐

RENEWAL ☐

RECIPROCITY REQUEST ☐

REPLACEMENT ☐

D.C. Certification No. _____

Expiration Date _____

State of current license: _____

Certification/license No. _____

Expiration Date _____

CERTIFICATION REQUESTED (Check the type wanted. Use a separate application if more than one type is requested.)

- | | | |
|--|--|---|
| 2. INDIVIDUAL INITIAL/RENEWAL/RECIPROCITY

<input type="checkbox"/> Inspector *** \$300.00/2 Years
<input type="checkbox"/> Supervisor ** \$300.00/2 Years
<input type="checkbox"/> Abatement Worker \$ 60.00/2 Years | INDIVIDUAL INITIAL/RENEWAL/RECIPROCITY

<input type="checkbox"/> Project Designer * \$300.00/2 Years
<input type="checkbox"/> Risk Assessor ** \$300.00/2 Years
Will clearance test be performed? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide evidence of personal liability insurance <input type="checkbox"/>
or of company liability insurance <input type="checkbox"/> | * Experience &/or education required
**Experience & Exam required
***Exam required |
|--|--|---|

PERSONAL INFORMATION

3. NAME: _____ 4. MAILING ADDRESS: _____
Last First MI Street

5. CITY: _____ STATE: _____ ZIP CODE: _____ HOME PHONE NUMBER: () _____

6. DATE OF BIRTH: _____ SEX: _____ HEIGHT: FT. ____/IN. ____ SOCIAL SECURITY NUMBER: _____

EMPLOYMENT INFORMATION (Attach additional sheets if needed)

7. EMPLOYER'S NAME: _____ 8. MAILING ADDRESS: _____
City State Zip Street

TELEPHONE NUMBERS: () _____ FAX: () _____

9. SUPERVISOR: _____ PHONE NUMBER: () _____ YOUR POSITION: _____

DESCRIPTION OF DUTIES: _____

PAGE 2
APPLICATION FOR LEAD CERTIFICATION

TRAINING INFORMATION (attach copies of training certificates)

10. TRAINING PROVIDER'S NAME _____ 11. TRAINING PROVIDER'S DC ACCREDITATION NUMBER: _____
12. COURSE NAME: _____ 13. COURSE DATES: _____ 14. COURSE LOCATION: _____
15. TRAINING CARD/CERTIFICATE NUMBER: _____ TRAINING CERTIFICATE DATE: _____ 16. TRAINING EXPIRATION DATE: _____

THIRD PARTY EXAM (attach copies of exam results)

17. NAME OF EXAM: _____ 18. DATE: _____ 19. EXAM LOCATION: _____ 20. EXAM RESULTS/SCORE: _____
EXAM: _____ DATE: _____ EXAM LOCATION: _____ EXAM RESULTS/SCORE: _____

ENFORCEMENT ACTIONS

Has any federal, state or local jurisdiction ever revoked, suspended, proposed to revoke or suspend any relevant permit, license, certification or approval you have held or currently hold, or has any penalty action or fine been assessed against you? _____ Yes _____ No
If you answered "yes" to the above question, you **MUST** provide a detailed statement to fully explain the circumstances. The statement must then be attached to this application.

AFFIDAVIT

The information contained in this "Application for Lead Certification" is accurate, true and complete to the best of my knowledge. I understand that if such information contained in this application is false I am subject to the penalty provisions of D.C. Act 11-438. Any fraud or misrepresentation on an application shall be grounds for automatic rejection and/or civil administrative penalties. I understand that this application is subject to verification and that I agree to provide any additional documentation as required. For the same purpose, I also understand that outside sources may be contacted and that I do hereby give permission for disclosure of any information which may be needed to determine certification validity and/or eligibility. I also understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application for approval. I understand that failure to complete this application in its entirety and to include all necessary attachments will result in rejection of this application.

Signature

Date

Printed Name

**TO REPORT WASTE, FRAUD, OR ABUSE BY ANY DC GOVERNMENT OFFICE OR OFFICIAL,
CALL THE INSPECTOR GENERAL ON 1-900-521-1639**

**DISTRICT OF COLUMBIA
WORK DISCIPLINE REQUIREMENTS**

RISK ASSESSOR

Successfully complete a 16 hour District of Columbia accredited Risk Assessor training course
Must have also taken and passed the Inspector Course.
Pass District of Columbia approved certification Risk Assessor exams
Possess educational and work related experience as delineated in EPA 40 CFR Part 745.226(b)
Complete four (4) hours hands-on instruction
1- Individuals who do not perform clearance test (No evidence of liability insurance is required)
2- Individuals who perform clearance test without company sponsorship: Evidence of PERSONAL LIABILITY INSURANCE must be provided if you are performing clearance tests.
3- Individuals who perform clearance test WITH company sponsorship: If clearance test are performed in association with employment, evidence of appropriate company liability insurance must be submitted. (Authority to perform clearance test will then be contingent upon continued company employment). Certification shall expire when employment relationship ends or in two years which-ever comes first
Pay appropriate fees

LEAD INSPECTOR

Successfully complete a 24 hour District of Columbia accredited Lead Inspector training course
Pass District of Columbia approved certification Lead Inspector exams
Possess educational and work related experience as delineated in EPA 40 CFR Part 745.226(b)
Complete eight (8) hours of hands-on instruction
Pay appropriate fees

SUPERVISOR

Successfully complete a 32 hour District of Columbia accredited Supervisor's training course
Pass District of Columbia approved certification Supervisor's exams
Possess educational and work related experience as delineated in EPA 40 CFR Part 745.226(c)
Complete eight (8) hours of hands-on instruction
Pay appropriate fees

PROJECT DESIGNER

Successfully complete an 8 hour District of Columbia accredited Project Designer's training course and the 32 hour Supervisor's training course.
Possess educational and work related experience as delineated in EPA 40 CFR Part 745.226(c)
Pay appropriate fees

WORKER

Successfully complete a 16 hour accredited Lead Worker training course
Possess educational and work related experiences as delineated in EPA 40 CFR 745.226(c)
Pay appropriate fees

***EDUCATIONAL/WORK
EXPERIENCE***

See 40 CFR 745.226, Certification of Individuals and Firms Engaged in Lead-Based Paint Activities, Target Housing and Child-Occupied Facilities

BUSINESS ENTITY

Attest to only employ appropriately certified employees to conduct lead-based paint activities
Attest to follow the work practice standards in § 745.227 for conducting lead-based paint activities
Pay appropriate fees



Government of the District of Columbia
Department of Health – Environmental Health Administration
Bureau of Hazardous Material and Toxic Substances
Lead Poisoning Prevention Division – Lead-Based Paint Management Program
51 N Street, N.E., 3rd Floor, Washington, D.C. 20002
202-535-1934

CERTIFICATION OF EDUCATION

Required For Certification Of Risk Assessors And Project Designers.

Check the type of certification requested.

RISK ASSESSOR []

PROJECT DESIGNER []

1. NAME: _____ **2. MAILING ADDRESS:** _____
Last First MI Street

3. CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **4. DATE OF BIRTH:** _____

5. SOCIAL SECURITY NUMBER: _____ **6. BUSINESS NUMBER: ()** _____ **7. FAX: ()** _____

8. EVENING NUMBER: () _____ **9. PAGER NUMBER: ()** _____ **10. CELLULAR NUMBER: ()** _____

HIGHEST LEVEL OF EDUCATION

(Please note: for INSTITUTION Official academic transcripts or diploma serve as recognized documentation to meet this requirement and must be attached)

11. HIGH SCHOOL [] NAME: _____ **ADDRESS:** _____ **PHONE NUMBER: ()** _____

12. INSTITUTION [] NAME: _____ **ADDRESS:** _____ **PHONE NUMBER: ()** _____

DATE ATTENDED: _____ **DEGREE:** _____

Signature

Date

Printed Name



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
51 N Street, N.E., 3rd Floor
Washington, D.C. 20002**

**LEAD-BASED PAINT MANAGEMENT PROGRAM
RELEVANT WORK EXPERIENCE**
(Attach additional sheets if necessary)

Required for Certification of Lead Supervisors, Inspectors, Risk assessors, and Project Designers

Instructions: Section A: To be completed by the applicant.

Section B: To be completed by a person familiar with the work experience of the applicant (may be a current or former supervisor).

Section A

1. Name: _____
First Middle Last Title
2. Home Address: _____
City, State, Zip Code: _____
3. Telephone Numbers: () _____ () _____
Home Beeper/Cellular
4. Check the one type of certification you are requesting.
☐ Lead Project Designer ☐ Lead Inspector
☐ Lead Supervisor ☐ Lead Risk Assessor
5. I authorize (name) _____ (address) _____ to furnish
the information requested in Section B.
Applicant's signature: _____ Date: _____

Section B

- Name of Individual Reference: _____ Company/Business: _____
- Phone Number: () _____ E-Mail: _____
- Address: _____
Street City State Zip
- Dates of Experience: From: _____ To: _____ Position: _____
- Describe the specific type of relevant work (with which you are familiar) performed by the applicant named in Section A.
- _____

- Reference signature: _____ Date: _____
- Printed name: _____



Government of the District of Columbia
Department of Health – Environmental Health Administration
Bureau of Hazardous Material and Toxic Substances
Lead Poisoning Prevention Division – Lead-Based Paint Management Program
51 N Street, N.E., 3rd Floor, Washington, D.C. 20002
202-535-1934

APPLICATION FOR LEAD BUSINESS ENTITY CERTIFICATION

FOR OFFICE USE ONLY: Date Received _____	Amount Received \$ _____	Check Number _____	LBPMP Certification Number _____
Authorized Signature and Date Processed _____			

APPLICATION STATUS (Check only one)

FEE = \$300.00/1 Year

1. NEW/INITIAL APPLICATION []

RENEWAL [] OR REPLACEMENT []

RECIPROCITY [] State: _____

D.C. Certification No. _____

State Certification/license No. _____

Expiration Date _____

Expiration Date _____

COMPANY/BUSINESS INFORMATION

2. BUSINESS NAME _____

3. FEDERAL EMPLOYER TAX IDENTIFICATION NUMBER _____

4. STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

5. TELEPHONE NUMBERS _____
TELEPHONEFACSIMILEBEEPER/PAGER/CELLULAR

6. E-MAIL ADDRESS _____

PAGE 2
APPLICATION FOR LEAD BUSINESS ENTITY CERIFICATION

7. TYPE OF BUSINESS (select only one)

Sole Proprietorship <input type="checkbox"/>	Association <input type="checkbox"/>	Government Agency <input type="checkbox"/>	International <input type="checkbox"/>
General Partnership <input type="checkbox"/>	Professional Corporation <input type="checkbox"/>	Federal <input type="checkbox"/>	Organization <input type="checkbox"/>
Limited Partnership <input type="checkbox"/>	Limited liability Company <input type="checkbox"/>	District <input type="checkbox"/>	Embassy <input type="checkbox"/>
Corporation <input type="checkbox"/>	Non Profit <input type="checkbox"/>		Other (specify) _____

8. THE TYPES OF LEAD-BASED PAINT AND RELATED ACTIVITIES CONDUCTED BY YOUR COMPANY/BUSINESS ENTITY.

Abatement <input type="checkbox"/>	Inspections <input type="checkbox"/>	Project Designs <input type="checkbox"/>	Clearance Testing <input type="checkbox"/>
Demolition <input type="checkbox"/>	Risk Assessments <input type="checkbox"/>	Renovation/Remodeling <input type="checkbox"/>	Other _____
			Specify

9. NAME AND TITLE OF COMPANY OFFICIALS

_____ NAME	_____ TITLE	_____ NAME	_____ TITLE
_____ NAME	_____ TITLE	_____ NAME	_____ TITLE

10. Has any federal, state or local jurisdiction ever revoked, suspended, proposed to revoke or suspend any relevant permit, license, certification or approval your company has held or currently holds, or has any penalty action or fine been assessed against you?

NO ☐

YES ☐

If you answered, "YES" to the above question, you **MUST** provide a detailed statement to fully explain the circumstance. This statement then must be attached to this application.

11. AFFIDAVIT

The information contained in the "Application for Business Entity Lead Certification" is true and complete to the best of my knowledge. I understand that if such information contained in this application is false, I am subject to the penalty provisions of D.C. Act 11-438. Any fraud or misrepresentation on an application shall be grounds for automatic rejection and/or civil administrative penalties. I understand that his application is subject to verification and that I agree to provide any additional documentation as required. For the same purpose, I also understand that outside sources may be contacted and that I do hereby give permission for disclosure of any information which may be needed to determine certification validity and/or eligibility. I also understand that failure to complete this application in its entirety and include all necessary attachments will result in rejection of this application. I attest that the business entity named in this application will employ only appropriately trained and District of Columbia certified employees and/or subcontractors to conduct Lead-Based Paint activities in Washington, D.C. and that those employees and/or subcontractors shall follow the most current work practice standards for conducting Lead-Based Paint activities accepted by the District of Columbia Government and will adhere to record keeping requirements. I am authorized to sign for and in behalf of the company and persons listed as owners, partners, shareholders, officers and directors of the company.

Signature of attesting individual

Title

Date

Print Name: _____

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Revised 6/24/03